Complete Summary

TITLE

Management of type 2 diabetes mellitus: percentage of patients with diabetes with eye exam documented within last 12 months.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 80 p. [138 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients with diabetes with eye exam documented within the last 12 months.

RATIONALE

The priority aim addressed by this measure is to increase the percentage of patients with diabetes age 18 to 75 for whom the recommended screening frequency of dilated eye exam within the last 12 months is met.

PRIMARY CLINICAL COMPONENT

Diabetes mellitus; eye exam

DENOMINATOR DESCRIPTION

Number of adult patients with diabetes mellitus who had an encounter in the last month. Two options for defining the denominator are listed in the related "Denominator Inclusions/Exclusions" field of the Complete Summary.

NUMERATOR DESCRIPTION

Patients with diabetes mellitus from the denominator who have an eye exam documented in the most recent 12 months. The nature of the exam is not specified and may be completed by any ophthalmologist or optometrist.

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

• Management of type 2 diabetes mellitus.

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age 18 to 75 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Prevalence of retinopathy is related to the duration of diabetes mellitus. After 20 years of diabetes mellitus more than 60% of patients with type 2 diabetes mellitus have some degree of retinopathy. Diabetic retinopathy is estimated to be the most frequent cause of new cases of blindness among adults ages 20 to 74 years.

Up to 21% of patients with type 2 diabetes mellitus are found to have retinopathy at the time of diagnosis of diabetes mellitus. Generally retinopathy progresses from mild background abnormalities to preproliferative retinopathy to proliferative retinopathy.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 80 p. [138 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Number of adult patients with diabetes mellitus who had an encounter in the last month. Two options for defining the denominator are listed in the "Denominator Inclusions/Exclusions" field of the Complete Summary.

Measure may be collected electronically. If clinics do not have electronic databases or do not have registries, they may manually identify 20 patients with diabetes and collect data from medical records.

Data may be collected monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of adult patients with diabetes mellitus who had an encounter in the last month. Two options for defining the denominator are listed below.

Definition 1

Patients 18 years or older with a primary, secondary, or tertiary diagnosis of diabetes (International Classification of Diseases, Ninth Revision [ICD-9] code 250.xx). Established patients with diabetes should be included. This requires both a visit in the target month AND a diabetic visit in a window of 12 to 24 months before the target month. Both types 1 and 2 are included*.

Definition 2

Patients ages 18 to 75 continuously enrolled for the last 12 months AND

- a. two or more ambulatory visits or one acute inpatient or emergency room visit with a primary or secondary diagnosis of diabetes* in the last 12 months: 250.xx, 362.0x (diabetic retinopathy), 366.41 (diabetic cataract), 357.2x (polyneuropathy in diabetes), or 648.0 (pregnancy excludes gestational diabetes), OR
- b. one or more prescriptions for insulin in the last 12 months (coding is available on disk from either Institute for Clinical Systems Improvement [ICSI] or from the National Committee for Quality Assurance website [NCQA.org]): regular insulin, NPH, Lente, Lispro, Humulin, 70/30, 75/25, 50/50, Novolin, Ultralente, Glargine, Aspart, Multiple Daily Injections or Continuous Subcutaneous Infusion of Insulin, Insulin Pump, Insulin Pen, Semilente, Novolin, Penfill, Ultralente, Velosulin, Humalog, OR
- c. one or more prescriptions for oral agents in the last 12 months (coding is available on disk from either ICSI or from the NCQA.org website): Acarbose, Miglitol/Glycet, Amaryl, Diabeta, Diabinese, Glimepiride, Glipizide, Glipizide XL, Glucophage, Glucotrol, Glucotrol XL, Glyburide, Glynase, Metformin, Micronase, Prandin, Starlix, Glucovance, Repaglinide, Precose, Tolazamide, Tolamide, Tolbutamide, Tolinase, Rosiglitazone, Pioglitazone.

*Note: Both types 1 and 2 are included in both measures listed here, while the guideline (Refer to the National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICS1] guideline Management of Type 2 Diabetes Mellitus) is focused on type 2 diabetes. The inclusion of type 1 diabetes in the measures is for administrative ease, as many medical groups will not be able to determine this relatively small percentage of patients with type 1 diabetes from standard coding.

Exclusions Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Patients with diabetes mellitus from the denominator who have an eye exam documented in the most recent 12 months. The nature of the exam is not specified and may be completed by any ophthalmologist or optometrist.

Exclusions Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with diabetes with eye exam documented within last 12 months.

MEASURE COLLECTION

Management of Type 2 Diabetes Mellitus Measures

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Nov

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Management of type 2 diabetes mellitus. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2003 Nov. 80 p. [138 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with diabetes with eye exam documented within last 12 months," is published in "Health Care Guideline: Management of Type 2 Diabetes Mellitus." This document is available from the Institute for Clinical Systems Improvement (ICSI) Web site.

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on July 6, 2004.

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